

09/846849

Application of Docket Number

CISCP203

## PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2000

## CLAIMS AS FILED - PART I

(Column 1) (Column 2)

|                                  |               |                          |
|----------------------------------|---------------|--------------------------|
| TOTAL CLAIMS                     | 63            |                          |
| FOR                              | NUMBER FILED  | NUMBER EXTRA             |
| TOTAL CHARGEABLE CLAIMS          | 63 minus 20 = | 43                       |
| INDEPENDENT CLAIMS               | 7 minus 3 =   | 4                        |
| MULTIPLE DEPENDENT CLAIM PRESENT |               | <input type="checkbox"/> |

\* If the difference in column 1 is less than zero, enter "0" in column 2

11/2/05

## CLAIMS AS AMENDED - PART II

(Column 1) (Column 2) (Column 3)

| AMENDMENT A   | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |       | HIGHEST<br>NUMBER<br>PREVIOUSLY<br>PAID FOR | PRESENT<br>EXTRA |
|---|---|-------|---|------------------|
|   | Total                                     | • 63  | Minus                                       | .. 63 =          |
| Independent   | • 7                                       | Minus | ... 7                                       | =                |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/> |   |       |   |                  |

SMALL ENTITY  
TYPE  OTHER THAN  
OR SMALL ENTITY

|           |        |              |        |
|-----------|--------|--------------|--------|
| RATE      | Fee    | RATE         | Fee    |
| BASIC FEE | 355.00 | OR BASIC FEE | 710.00 |
| X\$ 9=    |        | OR X\$18=    | 774    |
| X40=      |        | OR X80=      | 320    |
| +135=     |        | OR +270=     |        |
| TOTAL     |        | OR TOTAL     | 1804   |

OTHER THAN  
SMALL ENTITY

| AMENDMENT A                                    |                  | SMALL ENTITY      | OR                  | OTHER THAN<br>SMALL ENTITY |                   |
|--|------------------|-------------------|---------------------|----------------------------|-------------------|
| AMENDMENT B                                    | RATE             | ADDITIONAL<br>FEE | AMENDMENT B         | RATE                       | ADDITIONAL<br>FEE |
| Total  | X\$ 9=           |                   | OR X\$18=           |                            |                   |
| Independent                                    | X40=             |                   | OR X80=             |                            |                   |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM | +135=            |                   | OR +270=            |                            |                   |
|  | TOTAL ADDIT. FEE |                   | OR TOTAL ADDIT. FEE |                            |                   |

| AMENDMENT B                                    | RATE             | ADDITIONAL<br>FEE | AMENDMENT B         | RATE | ADDITIONAL<br>FEE |
|--|------------------|-------------------|---------------------|------|-------------------|
| AMENDMENT B                                    | RATE             | ADDITIONAL<br>FEE | AMENDMENT B         | RATE | ADDITIONAL<br>FEE |
| Total  | X\$ 9=           |                   | OR X\$18=           |      |                   |
| Independent                                    | X40=             |                   | OR X80=             |      |                   |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM | +135=            |                   | OR +270=            |      |                   |
|  | TOTAL ADDIT. FEE |                   | OR TOTAL ADDIT. FEE |      |                   |

| AMENDMENT C                                    | RATE             | ADDITIONAL<br>FEE | AMENDMENT C         | RATE | ADDITIONAL<br>FEE |
|--|------------------|-------------------|---------------------|------|-------------------|
| AMENDMENT C                                    | RATE             | ADDITIONAL<br>FEE | AMENDMENT C         | RATE | ADDITIONAL<br>FEE |
| Total  | X\$ 9=           |                   | OR X\$18=           |      |                   |
| Independent                                    | X40=             |                   | OR X80=             |      |                   |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM | +135=            |                   | OR +270=            |      |                   |
|  | TOTAL ADDIT. FEE |                   | OR TOTAL ADDIT. FEE |      |                   |

\* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."

\*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.